

# Towards a phenomenology of caregiving: growth in the caregiver is a vital component

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## Author's abstract

*The classical notions of 'virtue' and 'leisure' offer excellent insights into the essentially moral nature of medical practice. This is especially evident in the understanding that professional caregiving has the potential to enhance the moral character as well as the moral awareness of the practitioner. Reflective awareness of the moral nature of the caregiving process can also contribute to coping with negative stress, which almost always has its origins in frustrations rooted in moral quandaries and evaluations. Understanding the process required arises from implementation of caregiving in combination with deliberate, conscious development of spiritual awareness and reflection on moral meaning.*

## Towards a phenomenology of caregiving

At the outset, it will be helpful to indicate some notions which this paper will not immediately address. For instance, the conventional approaches to judgements about ethical values will be absent. Philosophical analysis of teleology versus deontology, the continuing discourse in the aftermath of the situation ethics debate, the unforeseen moral implications of the multiplying new discoveries in medicine, all will be taken as receiving ongoing and proper concern in the professional care of other philosophers and ethicists. Specifically, this paper intends to focus on some infrequently examined moral aspects of general medical caring. It will address especially certain dynamics implied in the ancient classical (and Biblical) ethical admonition to the physician and, by extension, to all medical professionals, the charge, viz, to *Heal Thyself*. The suggestion will be that a more individualised and personal form of philosophising is appropriate today. It has its roots in what Mortimer Adler calls the 'common sense' ethics of Aristotle. In contemporary terms, it also involves developing a phenomenology of caregiving, a conscious process of filtering the moral meaning of care through the awareness of the health professional. To establish an understanding of this approach, developing a

contextual orientation and clarification of the terms, *Reasoned moral values, healthful realism, and the professional caregiver* seems a reasonable and workable starting point.

## The caregiver

To understand caregiver in this context, it is important to grasp the notion that in the traditional dyad of caregiver-patient, caregiver is not a term that intrinsically distinguishes its subject from the person who is the carereceiver. For instance, the classical moral point of view does not essentially define a caregiver as one who enters into a relationship possessing something that the carereceiver does not. Morally speaking, the caregiver is neither superior nor better nor even necessarily at an advantage. As a matter of fact, the caregiver not only must understand himself or herself as equal to the carereceiver, but, in light of its historical development as a humanistic concept, the act of caregiving ought to be as perceptive and changing of the caregiver as it is healing of the carereceiver. As the caregiver attends the carereceiver, plying whatever arts and sciences the situation demands, while the carereceiver becomes better in terms of returning to health, *the caregiver gets better in terms of deepening interiority or moral health*. A caregiver then, for this discussion, is a person who operates in therapeutic dynamisms that are mutually but diversely producing of well-being. If the caregiver does not experience interior growth as the carereceiver heals, care in the moral sense has not occurred. Technique has been implemented, a mechanic at work perhaps, even a mind in process, but, value, meaning at its deepest human realisation, probably was absent.

Caregiver, by definition then, is a term demanding understanding of actions which take their most significant meaning, their value, from the interior life of their subject. The activities of the caregiver are among those which Mortimer Adler identifies as the highest kind of ethical actions. In the classical understanding, they belong to the activities which Adler, in his marvellous work, *The Time of our Lives, the Ethics of Common Sense*, describes as the works of 'leisure', in its original sense of participating in activities that develop the intellectual and moral virtues:

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## Key words

Caregiving; health professionals; professional ethics.

'Anything that contributes to the growth of the individual as a person, not just as a biological organism, belongs in this category, as does anything the individual does that contributes to the improvement of his society – its component institutions and the elements of its culture, its arts and sciences.'

'... the type of activity we are here trying to distinguish ... always produces an immanent result – an improvement in the person who is the agent, over and above any extrinsic product it may result in or any contribution it may make to the improvement of society.'

'The Greek word that we translate by "leisure" is "scholē," the Latin of which "schola" and the English of which is "school" – the significance of which is learning. Remembering this should confirm us in the use of the English word "leisure" or "leisure-work" for any mode of useful activity that is not biologically or economically necessary and that, since it always involves learning, is self-creative or self-improving.'

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### The professional

A term greatly inflated today, the word professional derives from the Latin *pro*, which translates 'before' or 'on behalf of' and the past participle of *fati*, 'to acknowledge' or 'announce'. In its simple sense, a profession is work which speaks for, announces, acknowledges, publicly defines the person who does it. In earlier times, only certain kinds of work were seen to possess sufficiently noble characteristics to be able to define or announce the meaning of the person who did them. Concerns which touched the core of man, Truth, Destiny, Responsibility and Mortality carried enough meaning to set apart those who were learned in them: Teachers, Priests, Lawyers, and Doctors. Later, in our own time, it is believed that simply because it is a consciously aware person who does a task or job, the work is ennobled just by that fact. And so, humanised, even the meanest job transcends its simple physical definition. In this light, democratically understood, all work becomes professional. Which might be tenable, except that some contemporary work seems so essentially devoid of the capacity for receiving meaning, for example, activities endemic to much of what is generally described as 'pop culture' or the 'consuming' society, that such a humanising process seems only remotely possible.

For our consideration, it seems appropriate to enlist both orientations; first, to identify value and nobility in the very nature of what caregivers do. But, second, and more appropriately perhaps in these times of diluted individual responsibility, there seems to be reason for an equally strong indication that the identifying, the integrating characteristic of the professional is equally subjective. Specifically, as professional, the caregiver

must be characterised by *active reflection*, acutely aware subjectively of the enveloping personal meanings and frequently deepening implications of what she or he is doing, *in the very process of doing it*. Sharp, reflective awareness of meaning is the very foundation of choice for the professional. On this basis, the definition of caregiver as professional intrinsically includes an ethical and moral dimension potentially much more comprehensive than that of simple liability. As a profession characterising a public identity, caregiving conforms even more fully to the classical Aristotelian concepts of leisure-work and virtues as developed by Adler, the activities, including social involvement, which perfect the agent intellectually or morally as he or she does them. The definition of the professional caregiver then, historically and currently, naturally involves the spiritual, the immaterial aspect of the person, in terms both of meaning and motivation.

### Realism

This term has become confusingly equivocal because it is a favourite of both psychologists and ethicists. Few words suffer as much. Unfortunately, especially in popular literature, many point to the realist stereotypically as the one who in every context expects less. In common usage, one has only to recall the situations which trigger such expressions as, 'Oh, be realistic!' or, 'Listen, I'm a realist!' or, in the negative, 'Don't be so unrealistic!' However, according to the premises of this paper, the realism of the professional caregiver precludes expectations. Rather, it is the primary intellectual condition of simple wonder. The realism of the professional caregiver is openness to whatever possibilities the situation possesses. Realism for the professional caregiver begins in the immediate awareness that myriad, even random possibilities exist in a fact, including the fact of the healing relationship. Realism is neither automatically negative nor reductionist, even in the presence of death.

### Healthful

Actually, on the basis of the foregoing, in the usage in which realism is properly understood, this term is redundant. Realism is never unhealthful. To the degree that the caregiver is realistic, he or she is professionally healthy, open to all possibilities in a situation, likely to give care healthfully. Using the term 'healthful' to modify realism in the phrase 'healthful realism' does at least help to offset typically gratuitous negative expectations. Hence, for our considerations, the notions of the healthy professional and automatic negative expectations are mutually exclusive. The realism which corresponds to the moral dimension of caregiving and the spiritual character of 'being professional' is realism in the reasoning tradition of Aristotle and Aquinas and Adler. It insists, for instance, that to be is better than not to be, to know is better than not to know, and to choose is better than not to choose.

## Values

These are the aspects of reality which move us to choose; for this discussion, the most appropriate application of this term is, 'meaning'. What has value, has meaning. What has meaning, instructs, is a sign. It teaches us something at the level at which we live most deeply within ourselves. Everyone has heard the variations on the theme, expressed usually in the phrase that something 'really means something to me'. In this connection, the more the professional caregiver develops realism, the more deeply and comprehensively will she or he identify values, meanings. Similarly, the more the person operates on the basis of the moral dimension of caregiving, grasping increasingly the non-material meaning in the endless potentials in the dynamisms of healing, the more clearly will she or he reflectively discover meaning and value, moral worth growing within the self. In effect, one will have come a long way towards answering the vexing ultimate personal question, 'Who am I?', by understanding, in the context of caregiving, the necessity of the question, 'What do I mean?'.

## Moral

The term moral is apparently one of the few words still strong enough to inspire fear among professionals. For the reflective professional, values, meanings that are moral, are the ones beyond which one cannot fathom. There are monetary values, intellectual values, social values, local values, temporary values, cultural values; values, as a concept, will accept a variety of arbitrary characterisations. But, at any given moment, when persons say about a particular kind of value, that it represents as much meaning as they can identify in the matter at hand, they have demonstrated the level of their immediate moral awareness. According to this understanding, for the reflective professional, that outside us which matches the best we know is within us represents that to which we can desire to give ourselves – is that which has the capacity to involve us in the realm of loving.

## Reasoned

Reason describes a human power far beyond the capacity for the making of numbers and measures. Whatever the level of moral awareness, arrival there depends, for the professional caregiver, on the processes we associate with our spiritual core, ourselves aware and thinking. Reason in this context does not merely refer to logical technique or organised rational sifting. It has very little to do with the completed understanding implied in solved problems. Rather, it has to do with the unique relationship we experience between ourselves and the transcending mystery in the other whose value, whose meaning we are trying to absorb more fully. It requires our using our talents and intellectual disciplines and capacities to

analyse, but always implicit in the situation is the realisation that there is no finally complete grasp of meaning.

Lewis Thomas, the eminent research pathologist, whose reflective essays on meaning have such elegance, offers intimations of this borderless aspect of the mind in process. His orientation differs somewhat from the approach in this discussion, but his respect for the mysterious, fathomless, yet validly knowing mind is the same. In his most recent collection of essays, *Late Night Thoughts on Listening to Mahler's Ninth Symphony*, in the chapter titled 'Things Unflattened by Science', Thomas marvels at the mysterious presence of intelligence in the totally interrelated world at large, which he describes (echoing de Chardin) as, '... the lovely conjoined biosphere, the vast embryo, the closed ecosystem in which we live as working parts, the place for which Lovelock and Margulis invented the term *Gaia* because of its extraordinary capacity to regulate itself'.

Thomas dwells particularly on the implications of the radical identification of the mind as the centre of one's own being, describing experiments in hyponotism in which heat blisters were formed and warts made to disappear. He concludes the chapter in the following manner:

If it is true, as it seems to be, that the human central nervous system can figure out how to go about creating a blister at a particular skin site, all on its own, or how to instruct its blood vessels, lymphocytes and heaven knows what other participants in tissues to eliminate a wart, then it is clear that the human nervous system has already evolved a vast distance beyond biomedical science. If I had a good wart, I'd be happy to be a participant in this experiment, and I'll be glad any day to try my brain on a blister, but my motive for doing so would be less than worthy. If it worked, I would feel gratified by the skill, excessively vain, and ready to dine out forever on the news that my own mind is so much smarter than I am' (2).

The point for our consideration is that among the vast regions of unexamined capacities of the mind, and, more important, too little used capacities of the individual mind, is its talent to grasp the deeper intelligibilities of our most important choices and involvements; the mind can *know* their crucial meaning, their morality.

Obviously then, the implication is that one cannot be a professional caregiver without having developed the kind of realism that results from pondered moral values. At the very least one may infer that the catchphrase, 'value-free', is anomalous, that not only does it have no application to the activities of the workers called professional caregivers, it is counter-productive, if not destructive. On that basis, some further considerations, related to the traditional admonition to physicians and other health professionals to 'heal themselves', seem appropriate.

Much attention today in the area of 'personal awareness' for professionals points to a concern for caregivers to enhance their own lives, develop their own health, and increase their own 'quality of life', minimally, one would presume, to be able to match in their own lives the goals they seek for their patients and clients. To identify the *single term* most professionals would use to indicate the lack of any one or combination of such characteristics of sufficiently enhanced personal life, developed health, or increased quality of life, one has only to look to most professional journals published during the past three or four years. This single term conventionally identifies the root of nearly every currently perceived professional problem. Vitamins are prescribed for it; exercise keeps it in check; workshops abound to explain it, and New Age therapies are said to turn it into mist. Acceptance of this term supports the rationale behind enormous proportions of employee assistance programmes. The term, of course, is stress.

Conventional wisdom points to stress as at least the occasion, if not the cause, of whatever enervates, debilitates, or entirely evacuates most distraught professionals, especially caregivers perhaps, progressively destroying their capacities to function in their work and, if unchecked, in their personal lives. In an earlier essay in his book, Thomas gently derides the current concentration on stress. He finds it redundant, saying that, for him, the problems of stress represent nothing more than 'the condition of being a Human Being' (2). The remark is perhaps an understatement, but it raises a frequently missed point. Stress, burn-out, even Thomas's condition of being a Human Being, whatever the terminology used, almost inevitably derives from tension involving moral values. In fact, even when a difficulty triggered by stress can be reduced to physical or emotional dysfunction, much, if not most, of the language used to describe the stress experience is loaded heavily with at least perceived moral content. For instance, arrogance, anger, harshness, even deceit customarily are absolved of almost all their moral significance when ascribed to stress. Furthermore, nearly all of the descriptive language of depression alludes to some kind of internal moral disposition, for example: 'Nothing has any meaning for me anymore', or, 'I just don't seem to be able to care anymore'.

The moment at which the professional caregiver senses the need to follow the admonition, *Heal Thyself*, inevitably leads to some form of counselling or therapy. Not infrequently, problems and needs are described in terms of lost meaning, despondency and despair, emptiness, loss of care, development of hardness, anger, hatred, a willingness to do less, to cut corners. Almost all of one's sense of need centres on awareness intimately related to questions of moral meaning or moral responsibility. It seems reasonable to indicate that the caregiver's awareness of the moral dimension of his or her health is indispensable for professional maturity. Furthermore, this moral

awareness obviously must be characterised by whatever level it is at which one 'burns out', the deepest reaches of self-awareness where the mind is most mind, the person's spiritual core.

Rollo May refers to this spiritual core, stating that awareness of it is necessary for therapists to keep clients from surrendering their being to the therapist, which, he says, can only lead to a 'submerged despair'. In the foreword to *The Discovery of Being, Writings in Existential Psychology*, he writes:

'I believe it is by discovering and affirming the being in ourselves that some inner certainty will become possible. In contrast to the psychologies that conclude with theories about conditioning, mechanisms of behavior, and instinctual drives, I maintain that we must go below these theories and discover the person, *the being to whom these things happen*.'

'True, we all seem in our culture to be hesitant to talk of being. Is it too revealing, too intimate, too profound? In covering up being we lose just those things we most cherish in life. For the sense of being is bound up with the questions that are deepest and most fundamental – questions of love, death, anxiety, caring.'

'The writings in this book have grown out of my passion to find the being in my fellow persons and myself. This always involves the search for our values and purposes. In the experience of normal anxiety, for example, if the person did not have anxiety, he or she would also not have freedom. Anxiety demonstrates that values, no matter how beclouded, do exist in the person. Without values there would only be barren despair' (3).

So, to this point, a simple phenomenology of caregiving has taken form, which includes as necessary, orientation based on moral development of the agent; validation by spiritual aspects of work; openness to the limitless variety of potentialities and therefore to freedom; understanding priorities in terms of meaning; and, the measure of morality being the determined congruence between what we consider best in ourselves with the meaning of what we do. At the root of our determinations is the realisation that the arena in which we operate most significantly is the reflective core of our minds.

The problematic aspect in this phenomenology arises in language and articulation. Despite the fact that the healthfulness that results from realism and the depth of awareness that professionalism elicits by definition belong to the life of the mind, communicating the significance of the fact that true caregiving is morally developmental of the professional caregiver is difficult at best. Daniel Maguire, an ethicist and moral theologian, in his work on the basic nature of ethics, *The Moral Choice*, puts it this way:

'Any effort to give voice to our deepest feelings and thought is liable to be unavoidably vague at times. Truth is greater than both our thought and our language. In our speech we are unprofitable servants who do the best we can to capture much that is truly ineffable. It is the beginning of wisdom to recognise that we cannot encapsulate the truth in our minds or our words. Truth is never contained by us; we can only be open to being touched by it. Our ability to articulate what we experience at various levels of our consciousness should not be exaggerated. What we experience is always prior to and more than, what we can say. Small wonder that we can be clumsy at times in the saying – and even obscure' (4).

If the descriptive language which best clarifies what impels professional caregivers is the language of ethics and morality, the language which details the characteristics of virtue, one would expect that professionals would use such language to try to communicate their own meaning, the values in how they mix who they are with what they do. Describing the moral significance of professional caregiving from the vantage point of realism, which is to portray it at its healthiest, ought to be typical then as well of the mature, integrated caregiving professional. Conversely, to identify one's essential meaning in language other than moral, in language which is restrictive, for example, psychological, institutional, or economical, by that fact involves at least somewhat unrealistic terminology, incapable of conveying the kind of comprehensive diagnosis the professional would want in appraising his total health in this stressful world.

In the final analysis, reasoned moral values and what we call healthful realism, while they belong to the realm of the mind and to reflective understanding, are not simply subjects to be learned, any more than virtue can be taught. History is well supplied with wicked theologians and venal ethicists. But, to see oneself whole, to be aware of the real meaning of who we are as we do what we do, requires the facility of correlating interior powers with accompanying moral development, wonder with humility, analysis with honesty, judgement with respect, authority with love. Put more broadly, giving care to another, if it is to be healthful to the caregiving person, must be moral. If in the core of his being, the professional knows he is sharing meaning with the person receiving care, producing value with that person, then he may be sure his interior health is growing. This process is what empowers persons to continue with the positive expectation called hope, which, in turn, is the wellspring of the professional caregiver's health because it empowers trust in the possibility of meaning in the future. For the professional caregiver, hope is affirmatively expectant about the meaning of being and living tomorrow, putting time and death in their properly relative perspectives.

In the background of these remarks has been the

supposition that one does not discover one's own meaning, one's own value amidst decisions that are neat. Superior moral understanding does not obtain from the mastery of technique. Nor does moral wisdom arise from the ability to assimilate particular experts' points of view. Moral situations whose resolution is easy or which fit pre-determined procedures contribute little to the process by which the professional caregiver becomes wise. Rather, it is within the aggregate of thorny situations, the frequent yet random occurrences when, even among many options, no clearly desirable choice offers itself, yet a choice must be made, a risk placed, that wisdom begins. The meaning of these moments constitutes the best focus for the reasoning mind of the professional caregiver, just as the living of these moments constitutes the source of the professional caregiver's moral health. In this sense, wisdom and morality are coterminous, coming out of the internal evolution of self that the professional caregiver experiences in the demanding context of delicate, draining, often frightening choices.

What we have been considering here is the primary necessity of listening inside ourselves to the constant flow of conversation within us. It is the conversation that unfolds, telling us we know so much and are learning more, but we still don't know fully what it means. According to this definition of terms, we realise that our morality unfolds as, by healing others, we make ourselves better, by perfecting our work and giving ourselves to it, we announce who we are. And, by accepting the unlimited potential in the very fact of being, we are open to discover and share meaning at a thousand levels, sharing our own meaning in ongoing reflection. But, whatever we do, we try to do it simply because it is good. It is what the great sixteenth century essayist and skeptic, Michel de Montaigne had in mind when he wrote: 'We can be knowledgeable with other men's knowledge, but we cannot be wise with other men's wisdom'.

Karl Menninger, the eminent psychiatrist, closes his book, *Whatever Became of Sin?*, with the following lines, indicating his intention to produce a book about the human soul.

'Maybe I am still trying to write it – a book describing the confluence of the streams of our knowledge about health. Neither theologian nor prophet nor sociologist, I am a doctor, speaking the medical tongue with a psychiatric accent. For doctors, health is the ultimate good, the ideal state of being. And, mental health, some of us believe, includes all the healths: physical, social, cultural, and moral (spiritual). To live, to love, to care, to enjoy, to build on the foundations of our predecessors, to revere the constant miracles of creation and endurance, of "starry skies above and the moral law within" – these are acts and attitudes which express our mental health.'

Yet, how is it, as Socrates wondered, that 'men know what is good, but do what is bad' (5)?

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## News and notes

### Second Annual World Congress of Law and Medicine

The Second Annual World Congress of Law and Medicine is to take place at the QE II Centre, London during the week beginning July 18, 1988. The two journals, the *American Journal of Law and Medicine* and *Law, Medicine and Health Care* will be

running concurrent activities at the congress. At present a European Planning Committee is being gathered. Further details will be published in the journal as they become available.